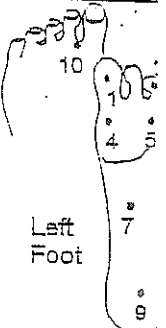
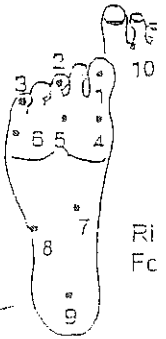


Document 4a

DATE	SYMPTOMS, Dx.	SIS. TREATMENT	TREATING DR.	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>HTN</u>			
	SUBJECTIVE: (Chief Complaint)			
1/20/05 103021	<u>feel ok - work, unicon</u>			
	Med. Compliance:			
	OBJECTIVE: (Review System) Age: <u>40</u> Sex: Male Race:			
	B / P: <u>120/70</u> P: <u>70</u> Wt: <u>205</u> T: R / R: SO2%: Peak Flow:			
	HEENT: <u>OK</u> Last Op / Opth. Eval.:			
	Heart: <u>OK</u>			
	Lungs: <u>OK</u>			
	Abdomen:			
	Genital / Rectal:			
	Extremities:			
	Neuro:			
	Recent Lab Results:			
	ASSESSMENT(S):			
	DSM IV Classification			
	Axis I:	Axis IV:		
	Axis II:	Axis V: GAF Score:		
	Axis III: <u>BPOK</u>			
	Preventive Care:	Diet: <u>watch</u>	Exercise: <u>yes</u>	
	Tobacco Use: <u>no</u>	Medication Side Effects:		

Diabetic foot
Screen Test StDiabetic foot
Screen Test St

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED
			FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

41928-053

Anthony Allen

CHRONOLOGICAL RECORD OF MEDICAL CARE

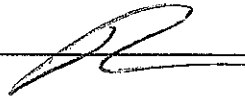
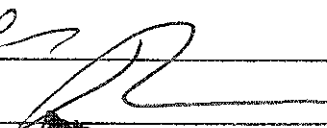
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prepared by GSA / OCMF

GSA GEN. REG. NO. 27

H. BEAM, MD
ECI MCKEAY

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/29/04 1030h	Admin. Note - TBP's & Hx med on HTN RTC - BP ✓ Feels well - Exercising & adjust. diet & salt VS's 147/92, 74, 12 Mechanical Auto DYNAMAPP 132/92, 72, 12 Manual RT arm 134/88, 74, 12 Manual LT. arm RTC Per schedule & F/rtc CCC of. if appropriate Counsel/educate. Understood/agree. 		
	Robert E. Plotrowski, PA-C FCI McKean		
12-6-04 1115h	Admin Note - Elev. BP & med. RTC - BP ✓ Wt. 202# Continue Diet & - Sodium & Exercise DYNAMAPP 136/88 Manual 138/90 Refer CCC - HTN - RTC Per Schedule Educ/underst/agree 		
	Robert E. Plotrowski FCI McKean		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Allen, Anthony		40128-053	

[illegible]

J. Glenn, FNP-C

100-44242-100

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
2/2/04	Intake Screening, EHM	J. Fleming, EMT-P FCI McKean
		Review by D. Olson, MD Date 2/5/04
5/3/04	Nalm Pct	
07/00	Rx ① PCN 500mg QID #13	
	Steven Labrozzi, RPh Pharmacist	D. Olson, MD Clinical Director
3/31/04 0835	Inmate requested H&P completed Hx. of inguinal hernia repair & problem. EHM J. Glenn FNP-C	J. Glenn, FNP-C FCI McKean
7/1/04	① Wants information on kidney failure, states saw people in hospital & kidney failure, he has no symptoms ② Exam deferred no symptoms ③ requests information ④ Educated on kidneys & failure J. Glenn FNP-C	
HOSPITAL OR MEDICAL FACILITY		STATUS
SPONSOR'S NAME		SSN/ID NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		RELATIONSHIP TO SPONSOR
		REGISTER NO. 40422-053
		WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
4/24/04 0800	<p>5. Requests Bisacodyl. States one in commissary does not work well enough for him. States vitamins cause him constipation. States food is too slow.</p> <p>O: NAD</p> <p>Heart: RRR</p> <p>Lung: (TA) bilateral</p> <p>Abd: soft, nontender.</p> <p>A: medical request</p> <p>PRN Education - don't take vitamins, ↑ fluids, exercise & understand</p> <p>(2) Flu PRN</p>	<p>Eric Asp, PA-C</p> <p>FCI McKean</p>
10-18-04 0810	<p>(3) WANTS ECG ... worried about C-V disease (4 Fm Hx)</p> <p>(4) NAD BP = 120/86 HR = 60 S_oO₂ = 99%</p> <p>135/85</p> <p>(5) Suspected Condition, nothing found. Cardiovascular ✓</p> <p>(6) 1. ECG</p> <p>2. Lipids check done "6 wks ago" (not yet in record)</p> <p>3. PT ED: CV health diet smoking nicotine ↓ salt</p> <p>4. PR understands.</p> <p>5. Ltc prn</p> <p>6. BP REV x2 at 3wk intervals</p>	<p>Eric Asp, PA-C</p> <p>FCI McKean</p>
11/8/04 1100	<p>Admin mls.</p> <p>BP ✓ 146/80 55 Htg (R) arm</p>	<p>Eric Asp, PA-C</p> <p>FCI McKean</p>

USMCFP SPRINGFIELD

01/30/2004

USMCFP - SPRINGFIELD

MEDICATION SUMMARY

THRU 01/30/04

06:44

SPRINGFIELD, MO

PAGE: 1

ALLEN, ANTHONY, 40428-053, SPG, S03-013L

Active Prescriptions

PENICILLIN VK 500 MG TAB

TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY FOR 10 DAYS

Dr. MCDERMOTT DS

ORDERED: 01/27/2004 EXP: 02/05/2004

40.0 TAB in 3 day(s)

RENEWED: EXP: 02/05/2004

13.3 / 24 hours

Rx for tons-sit
m r
1/30/04

Transfer MCK
Via Air
2-2-04

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECO **AD**

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)
Date 1/27/04 Time 0820	Inmate Name Allen, Anthony S	6	to painful dy, cracking, peeling soles of feet; no relief i vaseline products	Register Number 40428-053 FAXED Pham 503 DATE: 1-27-04 INIT: B 0821
Chart n 1A	P	A + D ointment: apply to areas BID x 7d	Provider KEVIN J. KELLY, M.D. [Signature]	Federal Bureau of Prisons MCFP - SPFD BP-355(60) January 1981

01-28-04

ADMINISTRATIVE NOTE: Copies were made per patient request, excluding

0945

HIV results. These copies include: Labs 12-29-03 to 12-22-03; Surgical

Consultation 12-23-03; Operation Report 01-09-04. A total of 9 pages

Copied. *Chip Hendon, RHIT* Chip Hendon, RHIT, Medical Records Administration Specialist

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)
Date 1/27/04 Time 1450	Inmate Name Allen, Anthony S	Swelling buccal #5	0 Fracture #5	Register Number 40428-053 FAXED DATE: 1/27/04 INIT: B
Chart n 1A	P	Periapical abscess #5	Per VK surgery gird + bridge	Provider PAT D. McDERMOTT, D.D.S. CHIEF DENTAL OFFICER
HOSP	P	Wait call for endo procedure		Federal Bureau of Prisons BP-355(60) January 1981
SPON	E. [Signature]			

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO

WARD NO

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/12/04	S - P00 #3 N, C ₆₅ - still draining drain
07/10	O - T-97' Arc. C, D - E no connect Drainage noted RHH intact A - S/P RHH P @ May RTO ② Penicillin Tylenol #3 i-i p. Max 48' per ③ Convalescence - No heavy lifting > 10" x 4 lbs ④ F/U in Dr Brent Rotton clinic KEVIN J. KELLY, PA.-C 1/20/04
1/14/04	Abm Note
1/31/04	Reful Tylenol #3 i-i p. 20 TID per 2 14 days
	FAXED PHARM 503 DATE: 1-12-04 INT: 7192 1332
1-13-04	Com Study
1000	Very well using Suedley Pain Controller Incision Ole note per next week
	David Brent Rotton, DC Consultant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth, Rank/Grade.)		REGISTER NO	WARD NO

ALLEN, ANTHONY
40429-053
MCFF SPG HO
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIP 11 CFR 101-9.202-1

DATE	SYMPTOMS, L	GNOSIS	TREATMENT	TREATING ORG	IZATION (Sign each entry)
1/14/04 1230	SOAP Colore 100g		it p & qd x 7d		
	FAXED PHARM 503				K. KELLY, P.A.C. <i>[Signature]</i>
	DATE: 1-14-04 INT: 1190 1315				
1-20-04 0920	Gen Smth				
	It Doing Very well				
	Incision looks great & evidence of hernia recurrence. will DC staples Flu PMA				
Order 1/21/04	DC Skin Staples				David Brent Rotton, DO Consultant <i>[Signature]</i>
	P: Transfer + Discharge Summary Dictated RTC - pm				KEVIN J. KELLY, P.A.-C. <i>[Signature]</i>
1/21/04 1000	SOAP - Co constipation 2 nd med P @ Dulcolax 5mg - it p & qd pm x 3d E - @ 1 fluid				KEVIN J. KELLY, P.A.-C. <i>[Signature]</i>
	FAXED PHARM 503				
DATE: 1-21-04 INT: 1190 1017					

ALLEN, ANTHONY
40428-053
MCFP SPG MO

STANDARD FORM 600 (REV. 6-97) BACK

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
11/10/04 0730	ART surgical procedure s/p RTH POD#1 P/Bnt. to monitor for changes & monitor pain response. B. COLTON, RN		
11/10/04 0800	S) No c/o voiced. P) Awake, resting quietly in bed, reports being pain free, VSS, assessment essentially unchanged. A) Stable & A pain intervention. P/Bnt to monitor. B. COLTON, RN		
1-10-04 0800	D/c g 4 hr vital signs. Noted 1-10-04 1520 A. WILKENING, RN		
1-10-04 1100	S: No complaints voiced. O/A: Alert & oriented x 3. Up ad lib ambulating on unit. Skin w/o Color w/o. Resp regular & nonlabored. @ ing. hernia drsg & sm amt pink drsg to drsg. Instructed to shower today. Had last dose of MSO4 4mg IVP @ 0955 & hepatic d/c'd & cath intact. NAD noted. P: Cont to monitor. A. WILKENING, RN		
1-10-04 1400	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. A. WILKENING, RN		
1-10-04 1700	S: No complaints voiced. O/A: No change in assessment. NAD noted. Showered. P: Cont to monitor. A. WILKENING, RN		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle; ID No or SSN. Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

ALLEN, ANTHONY
 40428-053
 MCFF SPG MO
 DOB 05-02-64

DATE	SYMPTOMS, SIGNS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-10-04 2100	SOAP: Resp even/nalabored. A+O x 3. Quiet voice is hard to hear. Primapare X2 drg; intact to (R) ↓ abdomen. Took po pain meds. Cont to monitor. <u>un</u> N. WELLS RN
1-11-04	<u>24°</u> <u>un</u>
1-11-04 0015	SOAP: Resting quietly. No changes. <u>un</u>
1-11-04 0600	SOAP: Resp even/nalabored. A+O x 3. Primapare X2 C/D/E to (R) ↓ abdomen. Cooperative. Cont to monitor. <u>un</u>
1-11-04 1100	S: No complaints voiced. O/A: Alert & oriented x 3. Up ad lib ambulating on unit. Skin w/o. Color wnl. Resp regular & nonlabored. (R) 1H drsg C/D/E (R) LE neurovascular status wnl. Instructed to shower & change drsg. Verbalized understanding. WAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 1400	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 1700	S: No complaints voiced. O/A: No change in assessment. NAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 2400	SOAP: Resp even/nalabored. A+O x 3. Polite. Dsg C/D/E to (R) ↓ Abdomen. Cont to monitor. <u>un</u> N. WELLS RN
1-12-04	<u>24°</u> <u>un</u>
1-12-04 0015	Resting quietly. No changes noted. <u>un</u> N. WELLS RN
1-12-04 0600	SOAP: Resp even/nalabored. A+O x 3. Dsg C/D/E to (R) ↓ Abdomen. Cooperative. Cont to monitor. <u>un</u> N. WELLS RN

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1-9-04	<p>STAY ASSESSMENT</p> <p>1030</p> <p>Admission: gurney</p> <p>T 98.3 P 61 R 20 BP 136/77 97% RA</p> <p>REASON FOR ADMISSION: Sp (R) ing. hernia repair</p> <p>ALLERGIES: NKA</p> <p>REACTIONS: N/A</p> <p>MEDICAL/SURGICAL HISTORY: See chart.</p> <p>AP- COMMENTS: Alert + oriented x3. Resting in bed. Skin w/d. Color w/d. Resp. regular + nonlabored. (R) ing drsg. C/A/T. (R) LE neurovascular status. Ice pack in place. ϕ void @ this time. Monitor.</p> <p>E (EDUCATION) Oriented to unit policy, call light, bed controls + post-op orders. Verbalized understanding.</p> <p>A. WILKENING, RN</p> <p>AlwixeningRN</p>		
1-9-04 1330	<p>S: No complaints voiced. O/A: No change in assessment. WAD noted. (R) groin drsg. \bar{z} scant amt pink drsg. showing thru drsg. Ice pack rechecked & in place. No void yet. P: Cont to monitor.</p> <p>AlwixeningRN A. WILKENING, RN</p>		
1/9/04 1700	<p>S) "Can I have something for the pain?" O/A) Resting in bed. Resp eupneic on RA. Skin w/d, color w/d. (L) hand heptlock intact - flushes easily \bar{z} brisk blood return - site \bar{z} redness, edema or drainage. Abd. drsg (Primapore) intact - scant amt. of pink drainage noted thru drsg. SR \uparrow x2, call light in</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN-ID NO	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give Name last, first, middle; ID No or SSN; Sex; Date of Birth, Rank/Grade.)		REGISTER NO	WARD NO

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIR 11 CFR 201-9.202-1

DATE	SYMPTOMS, SIGNS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/9/04 1700	Reach. Urinal @ bedside & approx 200cc of clear yellow urine. P) med for 90 pain - see MTR - pain mgmt. flowsheet for times & responses. D. SPAULDING, RN
7/9/04 2100	S) "I'm alright." O/A) Resting in bed. Essentially no Δ in prior assessment. Reclines need for pain rx @ present. Voiding 3 difficulty, adeg. amts. of clear yellow urine via urinal. NAD noted @ this time. P) cont. to monitor D. SPAULDING, RN
7/10/04 0055	24 ^h chart ✓ at MEDICATION AUDIT 7/9-7/10/04 B. COLTON, RN
7/10/04 0310	S) Dct voiced. O) Awake, alert during count, pt. asked if he was in pain to which he shakes his head in a "yes" fashion. Offered choice of pain med to which he requested the injection. After retrieving the requested med, @ bedside he denies having pain. NS withheld. Replack to R hand & drug clste, at 5 STS of injection. Respers supine, skin w/Δ, color WNL, NAD noted. A) Communication mis- understanding. P) Will cont. to monitor for changes B. COLTON, RN
7/10/04 0430	S) "Can I get my pain medicine - the shot." O) Dozing @ intervals 5 acute distress; Replack flushed per protocol & Δ bld return noted, NS 4mg given IV at flushed per protocol. See pain management flow sheet for pain assessment. Drug to R inguinal area in sm amt. of pink drainage noted to drug. A) Pain allen, Anthony

NSN 7540-00-834-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1-9-04	R/H here for R/H		
0820	R/B Indicated All O's Angered		
	Hyp / parent on client		
	Site Signed		
	Ready for Surg		
	Bor		
1-9-04	OPERATIVE NOTE:		
	PRE-OP R/H		
	POST-OP R/H		
	OPERATION R/H		
	ANESTHESIA Gen		
	SURGEON Parent Rection		
	FINDINGS Wound Ind. part		
	CONDITON Gen m		
	PROGNOSIS		
	PLAN Tol well R R/H Surg		
1-9-04	POST-OP ORDERS		
0915	1) To Rd Sp R/H		
	2) VS q 4		
	3) Ice to incision x 24 hrs		
	4) Clean incision daily E Seta / H ₂ O		
	5) Phenergan 12.5 mg IV q 4° pm Nlv		
	6) MS 4mg IV q 1° pm Break then pm		
	7) Percocet 1-2 q 6° pm Pain R/H		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

DATE: 1/10/04
 FAXED
 to Pharm
 11/10/04

ALLEN, ANTHONY
 40428-053
 MCFP SPG MO
 DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM 41 CFR 201-9.202-1

USP LVN



RECYCLED PAPER

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
1-9-04 0915 noted Brinter 1/9/04 OPD	< Cont > 7 BP orders 8) Resume prev med orders 9) Plu Clinic next wk.	Brinter
1-9-04 0920	SI Anurhman postop pt with hypotension BP 136/80 HR 46 SRR 100 A Copracted Hinc luster 3 apparent complication P Release from PAOC E/ Above discussed i pto apparatus understanding J HIPSkind D.O.	Brinter
1/9/04 noted Brinter 4/9/04 0930	Give ms as previously ordered x 24 hrs Give Percocet as previously ordered x 7 days TO Brinter/Brinter	Brinter
	FAXED to Pharm DATE: 1/10 INT: 60	
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; transform: rotate(45deg); transform-origin: center;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; transform: rotate(-45deg); transform-origin: center;"></div> </div>		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>ALLEN, ANTHONY 40428-053 MCFP SPG MO DJB 05-02-84</p> </div> <div style="font-size: 48pt; font-weight: bold;">1-4</div> <div> <p>PHARMACY COPY STANDARD FORM 600 (REV. 8-97) BACK</p> </div> </div>		

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

R & D ORDERS

12/18/03

Assigned to *Sgt.*

Service

1030

Admission Diagnosis:

(R) Inguinal hernia.

INSTITUTION ADMISSION ORDERS:

USMA 792
Profile A, CBC, RPR, TSH (Mental Health Only), UA, and Drug Screen if Self-Surrender,

Hepatitis Markers B & C (unless positive) *HIV (unless Positive),

EKG (regardless of age - 10 Building/Mental Health) and (over 40 years of age Medical/Surgical)

Chest X-ray (if over 50 y/o)

To be done by next working day after admission.

*[HIV & HbsAg are tested if: break in service or greater than 30 days old]

Diet: *no meat*Medication/Procedures: *NKA*1- Dulcolax 5 mg *TT* P.O. H.S. x 1EX-100
Pharm 503
12-18-03
1529*T. Albuquerque*
Physician Assistant

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

ALLEN, ANTHONY
40428-053
MCFP SPG MO
DOB 05-02-64RECORDS
MAINTAINED AT

PATIENT'S NAME (Last, First, Middle initial)

SEX

ALLEN
ANTHONY GEORGE
B/M/O/05-02-1964
HT/511 WT/200
CUSTODY/IN

40428-053

RANK/GRADE

HR/BK EY/BN

IZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL C

STANDARD FORM 600 (REV.5-84)

Prescribed by GSA and ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/23/03 0920	<p>5. 39 y/o Jamaican B & C R/H x 6-7 yrs partially reducible, getting larger D-1A @ R/H ② Ess. H.M. Hx P updated P② Admit to Surg Service ③ Routine Lab ④ Consult to Consultant surgeon: eval for R/H repair</p> <p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCPP - SPFD</p>
12/23/03 1030	<p>SON - See consultation sheet by Dr. Potton P② Schedule @ Dr. Brent Potton on 1-4 for R/H repair @ plug & patch</p> <p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCPP - SPFD</p>
1/7/04 0845	<p>Adm Note Ambuscini prev 39 y/o @ for R/H repair PH HTN Hemorrhoids Lab #6 (old) review ASA II adequate risk to general ETT NKDA ① NPO 7 12 m w 1/8 for 1/9 surgery ② Demerol 25 mg PO q 4h, 25 mg IM q 1 hr prn</p> <p>Noted Blair 1/7/03 1400</p> <p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCPP - SPFD</p> <p>ALLEN, ANTHONY 40428-053 MCPP SPG NO DOB 05-02-64</p>

SN7540-00-634-4176

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
INITIAL NURSING NOTE				
12/14/03 7830	S: Reason for admission (in patient's own words) (pt. has (R) inguinal hernia) "Hernia surgery"			
	Medication/treatment(s):			
	Previous Hospitalization/Surgery(s):			
	O: TPR	98-10	B/P 124/76	Height/weight 6'1" 1196
	Pain Assessment			
	Are you Having Pain?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
	Location	Intensity	Frequency	Duration
	FALL RISK ASSESSMENT			
	[] History of falls, #'s [] Dizziness/imbalance, [] General Weakness, [] Incontinence, [] Decreased mobility			
	SKIN INTEGRITY RISK ASSESSMENT			
	[] Bed/Chair confined, [] Inability to move, [] Incontinent, [] Poor Nutrition (intake), [] Lowered mental			
	ALLERGIES:			
	Foods: NKA (List)			
	Medications: NKA (List)			

(Continued on back side)

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

Allen, Andy
40428-053
5/2/64

RECORDS MAINTAINED AT			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-454.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	A: (check one)
12/14/07	<input type="checkbox"/> Notify Doctor of Admission
1826	<input type="checkbox"/> Notify MOD for Further Orders
	<input checked="" type="checkbox"/> Notify appropriate Clinic on next duty day
	P: Orient to the following: (check off when completed)
	<input checked="" type="checkbox"/> Call light
	<input checked="" type="checkbox"/> Smoking Policy
	<input checked="" type="checkbox"/> Unit Orientation
	E:
	<i>[Signature]</i>

BR-S659.60 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT CDFRM

MAY 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1. PPD Completed: <u>9/3/03</u> Date
Results: <u>OXO</u> mm
2. CXR Completed: _____ Date
Results: _____
3. Health Authority
Clearance: <u>Cleared</u>
Sign: <u>H. Beck</u> Date: <u>12/9/03</u>
Note: Dates listed above must be within one year of this transfer.

Name <u>Allen, Anthony</u>	Prisoner/Alien Reg.# <u>40428-053</u>	D.O.B. <u>3/2/64</u>
Departed From <u>McKean</u>	Date Departed <u>12/11/03</u>	
Destination <u>SPG ms</u>	Reason for Transfer <u>SPG ms (Medical)</u>	
Dist. Name	Dist.#	Date in Custody ____/____/____

Current 1. (R) Inguinal Hernia
 Medical 2. Recent Abscessed tooth
 Problems 3. Febrile Blood Sugar UPR

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
			Medication Required For Care En Route <u>(7am, 12:00, 7pm)</u>	
			<u>CTM 4mg i/p tid #15 Then Discontinue</u>	
			<u>Sinemet 80mg i/p tid 4-30 Then Discontinue</u>	
			<u>(7am, 12:00, 7pm)</u>	
			<u>no med needs on route</u>	

Ivan Navarro, PA

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <u>H. Beck</u>	Phone Number <u>814-362-8900</u>	Date Signed <u>12/9/03</u>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

L CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine

() Lipid () Pulmonary () Mental () Neurology () Ortho () General

() Other: *Pharyngitis*

12/9/03

SUBJECTIVE: (Chief Complaint)

12/9/03

*Still Draining @ upper incision on ASK
Hernia stable - ambivalent
about having tooth pulled*OBJECTIVE: (Review System) Age: *39* Sex: *Male* Race:B/P: *120/70* P: *70* Wt: *202* T: R/R: SO2%: Peak Flow:HEENT: *OK* Last Op/Opht. Eval:Heart: *OK*Lungs: *Clear*

Abdomen:

Genital/Rectal:

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S):

DSM IV Classification

Axis I:

Axis II:

Axis III:

Preventative Care: *Diet*Exercise *some*Tobacco Use: *no*Medication Side Effects: *no*

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

INSUROR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

40920-053

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 6004REV. 8-87

Prescribed by GSA/ICMR

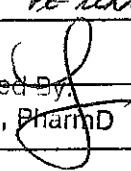

FPMR (41 CFR) 201-8.202-1

Anthony Allen

STANDARD FORM 600 (REV. 6-97) BACK

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/1/03 1200	(3) 40 abscess in gumline... so seeing Dr. Beam for follow up next week. Needs Doxy refill until then.
	(D) NAD bluish white lesion upper right (R) gumline
	(A) No Mucocoele
	PER DR. BEAM:
	(P) 1. Doxycycline 100mg Tpo BID x 10d #20 NR
	2. FU with Dr. Beam per Dr. Beam's call-outs next week.
	3. Pt understands Tx plan.
	Reviewed By:  V. Geza, PharmD
	 Steven Labrozzi, PA-C Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 117428-053
			WARD NO.

Anthony ALLEN

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11-1-03 2015	<p>③ Emergency → called to UNICOR by LT Olson.</p> <p>IM c/o abdominal pain, profuse sweating, many episodes of vomiting.</p> <p>See J. Chenn's SOAP note earlier today (11-1-03 1240)</p> <p>No complaints of chest pain</p> <p>④ IM in UNICOR on stretcher. Not very responsive. Sweating profusely. Does not respond 100% to vocal commands. Later on: IM awake + fully responsive</p> <p>T = 97.7°F HR = 60 BP = 113/72 SaO₂ = 99%</p> <p>ECGs, serial: Multiple abnormalities, including</p> <p>Variable Afib A flutter</p> <p>LVH</p> <p>Anterior Q waves</p> <p>Consider Anteroseptal infarct</p> <p>Incomplete R Bundle branch block</p> <p>⑤ Abnormal ECG findings. Abd pain; N/V; Diaphoresis.</p> <p>⑥ 1. Consulted Dr. Olson: Send IM out</p> <p>2. IM sent by paramedics/ambulance to BRMC</p> <p>3. BRMC ER notified.</p>
11-2-03 1600	<p>ADMIN NOTES: IM returned from ER last night after 11 PM. ER report not yet available to Duty PA's. Per LT's office: EKGs in ER were normal. IM treated for adverse drug reactions. Penicillin + Flagyl confiscated + submitted to Pharmacy. Dr. Collins notified + asked to check IM + devise new tx plan. IDLE given this midnight 11-3-03</p>
<p>VIEWED BY: H. BEAM, MD FCI McKEAN</p> <p>Steven Labrozzi, PA-C Physician Assistant</p>	
<p>HOSPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE</p> <p>SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR</p> <p>PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</p> <p>REGISTER NO. 40428-053</p> <p>WARD NO.</p>	

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 800 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/3/03 0940	<p>Chute back Haysn talizal</p> <p>9/3940 E Haysn - when all said 8. Dose</p> <p>@ G. G. - Side effect of Erythromycin</p>
	<p>of lower well - feels all belly</p> <p>H. Beam, MD</p> <p>chest clear heart tone ASD 50% B 50%</p> <p>17) Resolved SE's from Erythromycin</p> <p>Dental plan OK</p> <p>PI P.T. med. a/s -</p> <p>Doxycycline 100 mg - 100 Bids #20</p> <p>CB ~ 1 mo</p> <p>Comment on C. diff</p> <p>204 filled out</p> <p>Reviewed By: V. Geza, PharmD</p> <p>H. BEAM, MD FCI MCKEAN</p>
11/24/03 1600	<p>Adm need to reschedule</p> <p>H. BEAM, MD FCI MCKEAN</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
10/28/03 1430	<p>Check back Surgical consult RIA</p> <p>S/ 39400 in good condition - saw Dr. Graham, Surgeon / yest side who believes hernia needs to be fixed, a mesh plug will be used I'm concerned tooth which should be quieted down before surgery</p> <p style="text-align: right;">T968 B0110/80 P60 NKDA</p>		
	<p>07 Dentist forcan R upper incisor tooth is filled & good.</p>		
	<p>Hernia @ Ing not examined today</p>		
	<p>A7 Advanced tooth ; R Ing Hernia</p>		
	<p>P) PTed-med capillary, Plan for TX Pen VK 500mg > po Qid #40 RFT metronidazole 250mg > po tid #30 RFT CBImo & Pen Sign obstruction & Dental F/U</p>		
Reviewed By: V. Geza, PharmD	<p style="text-align: right;">H. BEAR MD FCI/MCKEAN REVIEWED BY</p>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 40428-053	WARD NO.

Anthony Allen

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/1/03 1240	<p>⑤ Admin. Note - called by unit officer inmates stated can't come to HCU "too ill", officer states inmate was walking around earlier 5 problems. Brought inmate to HCU for exam via ambulance (cont), inmate states had stomach pain earlier now at this time ambulates 5 problems pain 2 on 1-10 scale now vomiting</p>
	<p>⑥ NAD 976-70-16 11/8/74 abd. soft, non-tender @ BS Taking Flagyl & PCN at this time</p>
	<p>⑦ Abd. discomfort 2° to antibiotic use</p>
	<p>⑧ 1) DIC Flagyl cont. PCN 2) A fluids 3) 7/1/03 11/3/03 sick call</p>
	<p>J. Glenn FNP-C J. Glenn FNP-C</p>

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT		TREATING ORGANIZATION (Sign each entry)
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Adm PTH

0700

I work in country for my job

2

D. Olson, MD
Clinical Director

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
-------------------------	--

REGISTER NO

WARD NO.

40428-05

Allen, Anthony

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

Eric Asp
PA-C

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

[illegible]

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine

() Lipid () Pulmonary () Mental () Neurology () Ortho () General

() Other: Hx HTN P fingerulheria

SUBJECTIVE: (Chief Complaint) :

He's using heronulid belt but the hernia won't stay reduced. Has lotropain also c/o heronulid c/o constipation

OBJECTIVE: (Review System) Age: 39 Sex: Male Race: Black

B/P: 116/80 P: 70 Wt: 201 T: R/R: SO2%: 98%

HEENT: OK

Last Op/Opht. Eval:

Heart: OK

Lungs: Clear

Abdomen: soft BSE P fingerulheria - large partially reducible

Genital/Rectal:

Extremities:

Neuro:

folliculitis body of neck

Recent Lab Results:

ASSESSMENT(S): no HTN P fingerulheria only partially reducible - heronulid folliculitis

Preventative Care: Diet watch diet Exercise walks a lot

Tobacco no

Medication Side Effects: 0

OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
S NAME	SSN/ID NO.	RELATIONSHIP TO SPONGOR	

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. <u>40428-053</u>	WARD NO.
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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 800-REV. 6-97
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-8.202-1

Anthony Allen

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)							
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/ Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/ Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: <input type="checkbox"/> CBC/Diff <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> Chem Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Pane <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>ultr review</i>										
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: <i>3 mo</i>										
	Treatment(s):										
	<i>Ribavirin 750 mg tid # 90 RF-2</i> <i>Hydrocortisone Suppor = Bid # 20 RF-2</i> <i>Bacitracin oint use bid # 1 RF-2</i>										
	<i>Steven Labrozzi, RPh</i> Pharmacist										
	<i>H. BEAM, MD</i> FCI MCKEAN										

HYPERTENSION CLINIC

Subjective Findings:

a. Medical complaints or concerns of patient:

6/23/03 39yo feels well

C/O hemia @ tongue

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of smoking: no

2. Diet: water diet

3. Activity: daily

4. Medications:

(1) Drug side effects:

(2) Drug interactions:

5. Patient Compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special accommodations:

Objective Findings:

a. Temp: Pulse: 70 Resp:

BP: (34/80) Weight: 202 #

b. Fundoscopic Examination:

Thick, Dull Vessels

Localized or Generalized

(Copper Wire)

Narrowing of Arterioles

Present

Absent

Present

Absent

A-V Nicking

Flame Shaped Hemorrhages

Present

Absent

Present

Absent

Cotton-wool patches

Optic Disk Swelling

Present

Absent

Present

Absent

PATIENT'S IDENTIFICATION (Use this space for
-1 Imprint)RECORDS
MAINTAINED
AT:

F.M. MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

400128-053

ORGANIZATION

DEPART./SERVICE

SEN/IDENTIFICATION NO.

DATE OF BIRTH

Anthony Allen

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 500 (REV. 5-84)
Prescribed by GSA and HCR
FPMR (41 CFR) 101-45.505

SYMPTOMS, DIAGNOSIS, TREATMENT, AND FOLLOW-UP (Sign each entry)

Cardiac Examination:

Loud Aortic Second Sound

Present

Absent

Left Ventricular Heave

Present

Absent

Ejection Click

Present

Absent

Presystolic Gallop

Present

Absent

d. Lungs: Clear

Wheezes

P. line

Rachal

e. Thyroid gland:

f. Diagnostic Studies

Result

Date of Exam

CBC

WNL

Abnormal

UA

WNL

Abnormal

SMA 20

WNL

Abnormal

Lipids

WNL

Abnormal

ECG

WNL

Abnormal

CXR

WNL

Abnormal

Ophthalmology Consult

WNL

Abnormal

Assessment:

a. Diagnosis:

b. Disease Progression or Complications:

c. Therapeutic Efficacy:

Plans:

A. Medications:

Reviewed by: V. Geza, PharmD

b. Next Diagnostic Studies Due:

c. Return to Clinic:

d. Patient Education: (Check Topics Discussed)

() Complications of Hypertension

() Diet

() Exercise

() Avoidance of Tobacco

() Therapeutic Compliance

() Drug Interactions

() Target BP

H. BEAM, MD
FCI MCKEAN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/15/02 0905	S: JS here to request BP ✓, cholesterol ✓ + for toenail fungus O: BP 116/78. Heart reg rhythm. Rate 72. Feet - toenails #2 + 5 on bed, felt discolored + hypertrophy. a: Onychomycosis P: toenail nail #1. Apply to aa bid x 2 R Ras: rapid pulse. Pt educ. Water callosal on bed. Use medic as directed. R to prn pt understand Gracia Fairbanks PA

Reviewed by D. Olson, MD
Date: 7/15/02

GRACIA FAIRBANKS
Physician Assistant

10/30/02 1300	Admin. Note - Inmate requests gas pills until sick call appt. PRX simethicone tabs #10 QID PRN #30 WR
10/31/02 Violetta Geza, PharmD. RPh Chief Pharmacist	J. Glenn FNP - C FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Allen Anthony
40428-CSB

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/4/02 1030	<p>① C/O dry nose, and H/A x > 1 wk. Pain 3 on 1-10 scale</p> <p>② NAD & sinus tenderness</p> <p>nose - clear drainage, pink membranes</p> <p>throat - erythema & exudate</p> <p>lungs - CTA & wheeze</p> <p>③ sinus pressure / H/A</p> <p>④ 1) CTM 4mg $\frac{1}{2}$ po TID prn #15 AR</p> <p>2) Tylenol 500mg $\frac{1}{2}$ po TID prn #20 AR</p> <p>3) A. fluid</p> <p>4) Educated on Rx, plan of care & F/U</p> <p>5) F/U prn sick call</p> <p>12/5/02 Violetta Geza, PharmD. RPh Chief Pharmacist</p> <p><i>[Signature]</i> JOLENN FMP-C</p>
6/12/03 0850	<p>ss C/O hemorrhoids,</p> <p>states gets them off and on. States that the suppositories work best.</p> <p>a. NAD bP</p> <p>Rectal defered,</p> <p>Rest of exam unal</p> <p>A. hemorrhoids</p> <p>① Education - diet - pt understands</p> <p>② Ph PR</p> <p>③ Annual HC supp insert $\frac{1}{2}$ rectally BID dispense #12 R-O</p> <p>6/12/03 Reviewed By: <i>[Signature]</i> PharmD V. Geza, PharmD</p> <p><i>[Signature]</i> Eric Asp PA-C</p>

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 40428-053
Name : ALLEN, ANTHONY Age : 40yr
Location : FCI MCKEAN (MCK) Sex : M
Admit. Physician: BEAM, MD Room :
Order. Physician: BEAM, MD Accession Number : 2701
Collected : 08/04/04 @ 06:25 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt. Fasting				RY
COMP. METABOLIC				
Glucose	81		70 - 110 mg/dL	KS TE
Urea Nitrogen	10		7 - 22 mg/dL	KS TE
Creatinine	1.2		0.6 - 1.6 mg/dL	KS TE
SodiumI	142		137 - 148 mmol/L	KS TE
Potassium	4.2		3.5 - 5.0 mmol/L	KS TE
Chloridel	104		99 - 114 mmol/L	KS TE
CalciumI	9.1		8.5 - 10.9 mg/dL	KS TE
Total Protein	7.8		6.0 - 8.2 g/dL	KS TE
Albumin	4.2		3.6 - 5.1 g/dL	KS TE
Alkaline Phos.	92		41 - 133 U/L	KS TE
AST(SGOT)	33		11 - 55 U/L	KS TE
Total BilirubinI	1.1		0.2 - 1.3 mg/dL	KS TE
Cholesterol	164		140 - 200 mg/dL	KS TE
ALT1(SGPT)	37		11 - 66 U/L	KS TE
CBC				
White Blood Cell	6.0		4.3 - 11.1 10 ³ /uL	RS RY
Red Blood Cells	5.02		4.46 - 5.78 10 ⁶ /uL	RS RY
Hemoglobin	15.5		13.6 - 17.6 g/dL	RS RY
Hematocrit	46.9		40.2 - 51.4 %	RS RY
MCV	93.3		82.5 - 96.5 fL	RS RY
MCH	30.8		27.1 - 34.3 pg	RS RY
MCHC	33.0		33.0 - 35.0 g/dL	RS RY
RDW	12.6		12.0 - 14.0 %	RS RY
PLT	220		130 - 374 10 ³ /uL	RS RY
MPV	10.3		6.9 - 10.5 fL	RS RY
AUTODIFF				
Neutrophils	35.6			
Lymphocytes	50.1	LO	43.0 - 67.0 %	RS RY
Monocytes	10.9	HI	21.0 - 45.0 %	RS RY
Eosinophils	3.2		5.0 - 13.0 %	RS RY
Basophils	0.2		0.0 - 7.0 %	RS RY
Neutrophil #	2.1		0.0 - 1.0 %	RS RY
Lymphocyte #	3.0		1.9 - 6.7 10 ³ /uL	RS RY
Monocyte #	0.7		1.3 - 3.7 10 ³ /uL	RS RY
Eosinophil #	0.2		0.3 - 1.1 10 ³ /uL	RS RY
			0.0 - 0.5 10 ³ /uL	RS RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AS=Abnormal

Name : ALLEN, ANTHONY
Register Number : 40428-053
Printed : 08/06/2004 @ 09:06

REVIEWED BY:

Location :
Page :
H. BEAM, MD
FCI MCKEAN
of 2

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
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 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 40428-053 Age : 40yr
 Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Order. Physician: BEAM, MD Accession Number : 2701
 Collected Physician: BEAM, MD
 : 08/04/04 @ 06:25 by: REFE

#	Result	Flag	Reference Range/Units	Tech
0.0			0.0 - 0.1 10 ³ /uL	RS RY

Legend

EL=Elevated Low HI=High AH=alarm High EH=Elevated High AB=Abnormal

ber : ALLEN, ANTHONY
 : 40428-053
 : 08/06/2004 @ 09:06

S. Czeka, mt
 S. Czeka, Med Tech.

REVIEWED BY:

Location : MCKEAN
 Page : 2 of 2

FCI MCKEAN
 BEAM, MD
 MCKEAN

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : DR. HARE
Collection Date: 12/29/2003
Collection Time: 12:01
Tests | MHATP
Ordered|

Age : 39
Sex : M
Accession Number: 4219
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	.			
	RPR 1:1			
MHATP	Non-Reactive			
			NR	JE RY
-- End of Laboratory Report --				

[illegible]

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Allen, Anthony

LABORATORY REPORTS
Standard Form 514

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45.505
October 1975 514-108

GPO : 1996 O - 169-817

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : ALBURQUERQUE P. A.
Collection Date: 12/22/2003
Collection Time: 06:50
Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR
Ordered:

Age : 39
Sex : M
Accession Number: 2535
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Techn
Collection Cmt.	Drawn by PB New Admit Lab			
KOD. PANEL				
Glucose	81		mg/dL 70 - 110	SY RY
Urea Nitrogen	8		mg/dL 7 - 22	SY RY
Creatinine	1.3		mg/dL 0.6 - 1.6	SY RY
Uric Acid	5.7		mg/dL 3.7 - 8.6	SY RY
SodiumI	141		mmol/L 137 - 148	SY RY
Potassium	4.0		mmol/L 3.5 - 5.0	SY RY
ChlorideI	103		mmol/L 99 - 114	SY RY
Phosphorus	3.2		mg/dL 2.5 - 4.5	SY RY
CalciumI	8.7		mg/dL 8.5 - 10.9	SY RY
Total Protein	6.7		g/dL 6.0 - 8.2	SY RY
Albumin	3.8		g/dL 3.6 - 5.1	SY RY
Alkaline Phos.	83		U/L 41 - 133	SY RY
AST(SGOT)	28		U/L 11 - 55	SY RY
LDH	439		U/L 354 - 705	SY RY
Total BilirubinI	0.80		mg/dL 0.20 - 1.30	SY RY
Cholesterol	144		mg/dL 140 - 200	SY RY
Triglycerides	90		mg/dL 30 - 200	SY RY
Carbon DioxideI	29		mmol/L 22 - 30	SY RY
A/G Ratio	1.31		1.00 - 2.30	TX RY
Globulin	2.9		2.0 - 3.7	TX RY
TSH	4.02		uIU/mL 0.30 - 7.00	SY RY
CBC				
White Blood Cell	6.3		10 ³ /uL 4.3 - 11.1	WL RY
Red Blood Cells	4.82		10 ⁶ /uL 4.46 - 5.78	WL RY
Hemoglobin	14.7		g/dL 13.6 - 17.6	WL RY
Hematocrit	44.9		% 40.2 - 51.4	WL RY
MCV	93.1		fL 82.5 - 96.5	WL RY
MCH	30.6		pg 27.1 - 34.3	WL RY
MCHC	32.8	LO	g/dL 33.0 - 35.0	WL RY
RDW	12.1		% 12.0 - 14.0	WL RY
PLT	250		10 ³ /uL 130 - 374	WL RY
MPV	8.9		fL 6.9 - 10.5	WL RY
MANUAL DIFF				

Name : ALLEN, ANTHONY
Register#: 40428-053
Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
Location: S03
Sensitive L. O. U.

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F I N A L R E P O R T

Register Number: 40428-053

Name : ALLEN, ANTHONY

Location : S03

Physician : ALBURQUERQUE P. A. *AK*

Collection Date: 12/22/2003

Collection Time: 06:50

Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR
 Ordered;

Age : 39

Sex : M

Accession Number: 2535

"X" if Complete [X]

Test Name	Result	Flag	Reference Range	Techn
Neutrophils	39	LO	% 50 - 70	WL RY
Lymphocytes	43	HI	% 20 - 40	WL RY
Monocytes	11	HI	% 2 - 8	WL RY
Eosinophils	5	HI	% 1 - 3	WL RY
Basophils	2	HI	% 0 - 1	WL RY
Morphology	Platelets Appear Adequate Hypochromia 1+			WL RY
ROUTINE URINE				
Color	Yellow		Strw/Ylw	KS RY
Appearance	Clear		Clear	KS RY
Glucose	Negative		Negative	KS RY
Bilirubin	Negative		Negative	KS RY
Ketone	Negative		Negative	KS RY
Specific Gravity	1.020		Less 1.03	KS RY
pH	6.5		5.0 - 8.0	KS RY
Protein	Negative		Negative	KS RY
Urobilinogen	0.2		0.2-1.0	KS RY
Nitrite	Negative		Negative	KS RY
Blood	Negative		Negative	KS RY
Leuk. Esterase	Negative		Negative	KS RY
RPR	Non-Reactive		NR	KS RY

-- End of Laboratory Report --

Name : ALLEN, ANTHONY
 Register#: 40428-053
 Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
 Location: S03
 Sensitive L. O. U.

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : ALBURQUERQUE P. A.
Collection Date: 12/22/2003
Collection Time: 06:50
Tests : HBsAg; HBsAb; HBcAb; Anti-HCV
Ordered:

Age :
Sex : 39
Accession Number: M
"X" if Complete: 2536
[X]

Test Name	Result	Flag	Reference Range	Te==
Collection Cmt.	Drawn by PB			
	New Admit Lab			
HBsAg	Negative		Negative	SY RY
HBsAb	Negative		Negative	SY RY
HBcAb	Negative		Negative	SY RY
Anti-HCV	Negative		Negative	SY RY

-- End of Laboratory Report --

Name : ALLEN, ANTHONY
Register#: 40428-053
Printed : 12/22/2003 @ 14:38

Doctor : ALBURQUERQUE P. A.
Location: S03
.....
Sensitive L. O. U.

U.S. MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053

Name : ALLEN, ANTHONY

Location : S03

Physician : ALBURQUERQUE P. A.

Collection Date: 12/22/2003

Collection Time: 06:50

Tests : HIV

Ordered:

Age

Sex : 39

Accession Number: M

"X" if Complete: 2537

[X]

Test Name

Result

Flag

Reference Range

T==

Collection Cmt.

Drawn by PB

New Admit Lab

HIV

Negative

NR

SY C.

DO NOT REMOVE REPORT FROM PATIENT CHART

-- End of Laboratory Report --

Name : ALLEN, ANTHONY

Register#: 40428-053

Printed : 12/23/2003 @ 15:19

Doctor : ALBURQUERQUE P. A.

Location: S03

Sensitive L. O. U.

U. S. Medical Center for Federal Prisoners
Laboratory, 1900 W. Sunshine
Springfield, Missouri 65808
417-862-7041 Ext. 454

Patient: ALLEN, ANTHONY
Register No: 40428-053
Location: S03
SENSITIVE L.O.U.

Doctor: ALBURQUERQUE P.A.
DOB: 5 -2 -1964
Sex: M

HIV SCREENING

X The above patient has tested NEGATIVE for the Human Immunodeficiency Antibody (HIV).

Projected Release Date: _____.

_____ The above inmate has tested POSITIVE for the Human Immunodeficiency Antibody (HIV).

Per Bureau of Prisons policy, this inmate has received repeat Human Immunodeficiency Antibody testing and confirmatory antibody testing.

Initial HIV Specimen Date: _____ Result: _____

Repeat HIV Specimen Date: _____ Result: _____

Western Blot Date: _____ Result: _____

Laboratory Comments:

PEND = PENDING
NEG = NEGATIVE
POS = POSITIVE
UNK = UNKNOWN

Date Drawn:

12/22/03

Test Completion Date

12/22/03

Performed by: ✓

Reviewed by: ✓